

Depend on our people. Count on our advice. SM

REDACTED - FOR PUBLIC INSPECTION

June 29, 2016

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422 SAC 330936, WI, Indianhead Telephone Company Connect America Fund WC Dockets 10-90, 11-42 and 14-58

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's Rules, please accept the attached FCC Form 481 of Indianhead Telephone Company, WI, SAC 330936 (the "Company") for filing with the Commission.

The Company is filing the attached redacted version via ECFS.

Kindly direct any questions regarding this transmittal to the undersigned. Thank you.

Sincerely,

Pamela Hintz

Senior Telecommunications Consultant phintz@otcpas.com
(651) 621-8535

Enclosures

FCC Form 481 - Carrier Armid Tep Ation TED - FOR PUBLIC INSPINATION OF M 366/OMB Control No. 3060-0819 Data Collection Form

<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Pamela Hintz
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	phintz@otcpas.com
	Form Type	54.313 and 54.422

(100) Se Data Co	(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	
<015>	Study Area Name	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<032>	Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>>	If your answer to Line <110> is yes, do you have an existing $\$54.202(a)$ "5 year plan" filed with the FCC?	00
<112>	If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	330936wi112.pdf
	Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document
<1113>	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received	Yes
<116> <117> <118>	How much (USF) was used to improve service quality and how support was used to improve service quality. How much (USF) was used to improve service coverage and how support was used to improve service coverage. How much (USF) was used to improve service capacity and how support was used to improve service capacity. Provide an explanation of network improvement targets not met in the prior calendar year.	Yes Yes Yes Yes

(200) Ser Data Coll	(200) Service Outage R Data Collection Form	(200) Service Outage Reporting (Voice) Data Collection Form	(e)						FCC OM July	FCC Form 481 OMB Control No. 3060-(July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	. 3060-0819
<010>	Study Area Code	ode				330936						
<015>	Study Area Name	lame				INDIANHEAD	TEL CO					
<020>	Program Year					2017						
<030>	Contact Nam	Contact Name - Person USAC should contact regarding this data	C should contai	ct regarding thi.	s data	Pamela Hintz	Z					
<032>	Contact Tele	Contact Telephone Number - Number of person identified in data line <030>	- Number of pe	erson identified	in data line <0	30> 6516218535 ext.	ext.					
<039>	Contact Emai	Contact Email Address - Email Address of person identified in data line <030>	il Address of p	erson identifiec	ነ in data line <ር	30> phintz@otcpas.com	as.com					
<210>		For the prior calendar year, were there any reportable voice service outages?	ar, were ther	e any reporta	ble voice serv	ice outages?	No					
<220>	∕e>	b1>	 b2>	<	<	<c1></c1>	<c2></c2>	>	<e>></e>	\$	\ \ \	^ ₩
	NORS Reference Number	Outage Start Date	Outage Start Outage Start Date Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
							customers	(1es / NO)	all tilat apply)	(Tes / NO)	Vesolution	riocedules

 <010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <030> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> <th></th>	
should contact regarding this data Number of person identified in data line <036 Address of person identified in data line <036	
should contact regarding this data Number of person identified in data line <036 Address of person identified in data line <036	
should contact regarding this data Number of person identified in data line <036 Address of person identified in data line <030	
Number of person identified in data line <03 Address of person identified in data line <03	
Address of person identified in data line <03	
The state of the s	
(horozali zazal)	
Monadhanal	
<32U> Unfuffilled Service request (broadband) 0	
<330> Detail on attempts (broadband)	
Name of Attached Document	

(400) Number of Complaints per 1,000 customers

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code 330936
<015>	Study Area Name INDIANHEAD TEL CO
<020>	Program Year 2017
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line phintz@otcpas.com <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice 0.0
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband 0.0
<450>	Complaints per 1000 customers for mobile broadband

	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330936	
<015>	Study Area Name	INDIANHEAD TEL CO	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	
<500>	Certify compliance with applicable service quality standards and consumer pr	otection rules Yes	
<510>	Descriptive document for Service Quality Standards & Consumer Protection R	330936WI510.pdf ules Compliance	

(600) Functionality in Emergency Situations Data Collection Form REDACTED - FOR PUBLIC IN Structure 10 To 10

<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	330936WI610.pdf

age 8

(700) Pı Data Co	(700) Price Offerings i Data Collection Form	(700) Price Offerings including Voice Rate Data Data Collection Form	e Rate Data				FCC Form 481 OMB Control July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	ontrol No. 3060-0819
<010>	Study Area Code	3 Code			330936				
<015>	Study Area Name	a Name			INDIANHEAD TEL	TEL CO			
<020>	Program Year	ear			2017				
<030>		Contact Name - Person USAC should contact regarding this data	S should contac	at regarding this c	lata Pamela Hintz				
<032>		Contact Telephone Number - Number of person identified in data line <030>	- Number of pe	rson identified in	data line <030>	6516218535 ext.			
<039>		Contact Email Address - Email Address of person identified in data line <030>	il Address of po	erson identified i	n data line <030>	phintz@otcpas.com			
	Residential Lo	Residential Local Service Charge Effective Date	fective Date	1/1	1/1/2016				
<702>	Single State-w	Single State-wide Residential Local Service Charge	Service Charge						
<703>	<a1></a1>	<a2></a2>	<a3></a3>	 	 	<	 b4>	<	\$
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
•									
•									
•									
•					See at	See attached worksheet			
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FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013							<c> <d1> <d2> <d3> <d4> <d4> <d4> <d4> <d4> <d4> <d4> <d4< th=""><th>Broadband Service - Download Speed Broadband Service - Download Speed (Mbps) Rate and Fees Broadband Service - CGB Limit Reached {select }</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></d4<></d4></d4></d4></d4></d4></d4></d4></d3></d2></d1></c>	Broadband Service - Download Speed Broadband Service - Download Speed (Mbps) Rate and Fees Broadband Service - CGB Limit Reached {select }											
FCC Form 481 OMB Control N July 2013							<d2></d2>	Broadband Service - Upload Speed (Mbps)											
						шс	<>>>	Total Rate and Fees				hed							
	330936	INDIANHEAD TEL CO		Pamela Hintz	6516218535 ext.	phintz@otcpas.com	 	State Regulated Fees				- See attached	*oodoylaov	אטואאוופפנ -					
	Ř			nis data	d in data line <030>	ed in data line <030>	 	Residential Rate											
				Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	<a2></a2>	Exchange (ILEC)											
(710) Broadbrand Price Offerings Data Collection Form	Study Area Code		Program Year	Contact Name - Person US,	Contact Telephone Numbe		<a1></a1>	State											
(710) Bro Data Coll	<010>	<015>	<020>	<030>	<032>	<039>	<711>												

(800) Operating Companies Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	330936		
	INDIANHEAD TEL	EL CO	
<020> Program Year	2017		
<030> Contact Name - Person USAC should contact regarding this data	Pamela Hintz		
		ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	a line <030> phintz@otcpas.com	as.com	
<810> Renorting Carrier Indianhead Telephone Company			
Holding Company	ocration		
Operating Company			
<813> <a1></a1>		<a2></a2>	<83>
Affiliates		SAC	Doing Business As Company or Brand Designation
	See att	See attached worksheet	#el
		_	_

(900) Tr Data Co	(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330936
<015>		INDIANHEAD TEL CO
<020>		2017
<030>		Pamela Hintz
<032>		6516218535 ext.
<039>		phintz@otcpas.com
<006>	Does the filing entity offer tribal land services? (Y/N)	Yes
<910>	Tribal Land(s) on which ETC Serves	Lac Courte Oreilles Band of Lake Superior Chippewa
		330936wi920.pdf
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document
If your	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes	
to con	to confirm the status described on the attached document(s), on line 920,	Calant
demon § 54.31	demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Yes or No or Not Applicable
<921>		Yes
<925>	community anchor institutions. Feasibility and sustainability planning:	Yes
<923>	Marketing services in a culturally sensitive manner;	Yes
<924>	Compliance with Rights of way processes	Yes
<925>	Compliance with Land Use permitting requirements	Yes
<926>	Compliance with Facilities Siting rules	Yes
<927>	Compliance with Environmental Review processes	Yes
<928>	Compliance with Cultural Preservation review processes	Yes
<929>	Compliance with Tribal Business and Licensing requirements.	Yes

(1000) V Data Col	(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<032>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	330936WI1010.pdf
		Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	330936WI1030.pdf
		Name of Attached Document

(1100) N	(1100) No Terrestrial Backhaul Reporting	FCC Form 481
Data Col	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 330936	98
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<032>	Contact Telephone Number - Number of person identified in data line <030> 65162	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030> phint	phintz@otcpas.com
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	

10007		
(1700)	(1200) Terms and Condition for Lifeline Customers	FCC Form 481
Lifeline Data Co	Lifeline Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<032>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com
	986088	330936WI1210.pdf
<1210>	· Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website	
"Please or the w	"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	
g 54.42 annuall _y	g >4.4zz(a)(z) annuar reporting for ETCS receiving fow-income support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

on President Australy Price Front Lond Price President		orm 481
and Debrum Commission affiliated wine from Local Front and Commission	OMB Co	OMB Control No. 3060-0986/OMB Control No. 3060-0819
e-VJ-Retarii Carriers djjiiated With Price Cap Local Excriatige Carriers	July 2013	013

Including	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
<010>	<010> Study Area Code	330936
<015>	<015> Study Area Name	INDIANHEAD TEL CO
<020>	<020> Program Year	2017
<030>	<030> Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<032>	<035> Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.	6516218535 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> phintz@otcpas.com	phintz@otcpas.com
Select	the appropriate responses below (Yes, No, Not Applicable) to note	Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions,

and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c), (d),(e). The information reported on this form and in the documents attached below is accurate.

υ	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental		
<2011>	Support 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support		
<2022>	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for		
<2023>	projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two -		
<2024A>	54.313(b)(2)(ii). Round 2 recipients only. Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only. Round 1 or Round 2 Recipient of Incremental Support?	Name of Attached Document Listing Required Information	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § $54.313(c)(4)$		

n	RED	ACTED - F	FOR PUB	LIC INSPECT	ION			II
FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		Name of Attached Document Listing Required Information	Name of Attached Document Listing Required Information					
2000) Price Cap Carrier Additional Documentation (Continued) Data Collection Form ncluding Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} 116> Certification support used to build broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} 2017A> Connect America Fund Phase II recipient?	> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)
2000) Price Cap Carri Data Collection Form Including Rate-of-Retu	Price <2016> Connec' <2017A>	<2017B>	<2018>	<2019>	<2020>	<2021>	<2026>	<2027>

<010>	Study Area Code	330936
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<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan		
(3009)	Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certifica	330936WI3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No) O	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(2015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports		
(3015)	(Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No) •	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	7	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	/	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		330936wi3026.pdf
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

FCC Form 481	OMB Control No. 3060-0986/OMB Control No. 3060-0819	July 2013	
(3005) Rate Of Return Carrier Additional Documentation (Continued)	Data Collection Form		

010>	:010> Study Area Code :015> Study Area Name	330936 INDIANHEAD TEL CO
020>	Program Year	2017
330>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
.^	035> Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext.	6516218535 ext.
339>	Contact Email Address - Email Address of person identified in data line <030> phintz@otcpas.com	phintz@ctcpas.com





(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3033) Total Equity (3032) Total Debt

(3034) Dividends

(3028) Operating Expenses

(3029) Net Income

Financial Data Summary

(3027) Revenue

Name of Attached Document Listing Required Information

July 2013

<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data lir	ne <030> 6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> phintz@otcpas.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

relevant geographic area.

ii yes to 4003A, piease provide a response for 4003		
4003b . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the	Name of Attached Document Listing Required Information	

	ion - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsi recipients; and, to the best of my knowledge, the information re	, , ,	requirements for universal service support
Name of Reporting Carrier:		
Signature of Authorized Officer: CERTIFIED ONLINE		Date 06/27/2016
Printed name of Authorized Officer: William Eckles		
Title or position of Authorized Officer: President		
Telephone number of Authorized Officer: 5075263252 ext.		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

	tion - Agent / Carrier Jection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Pamela Hintz
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File A	nnual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
I certify that (Name of Agent) <u>Olsen Thielen</u> also certify that I am an officer of the reporting carrier; my responsibilities include e agent; and, to the best of my knowledge, the reports and data provided to the autho	is authorized to submit the information reported on behalf of the reporting carrier. I insuring the accuracy of the annual data reporting requirements provided to the authorized rized agent is accurate.
Name of Authorized Agent: Olsen Thielen	
Name of Reporting Carrier: INDIANHEAD TEL CO	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 330936 Filing Du	ue Date for this form: 07/01/2016
, ,	ure under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment d States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	Certificatio	n of Agent Authorized to Fi	File Annual Reports for CAF or L	Recipients on Behalf of Reporti	ng Carrier
l. as ag	gent for the reporting carrier, certify t	hat I am authorized to submit th	he annual reports for universal service	e support recipients on behalf of the re	eporting carrier: I have provided
			•	information reported herein is accura	
Name	of Reporting Carrier:	DIANHEAD TEL CO			
Name	of Authorized Agent Firm:	Olsen Thielen			
Signatı	ure of Authorized Agent or Employee o	of Agent:		Date:	06/24/2016
Name	of Authorized Agent Employee:	Tom Campbell	1		
Title or	r position of Authorized Agent or Empl	oyee of Agent Consultant		<u> </u>	
Teleph	none number of Authorized Agent or E	mployee of Agent: 651621851	ll ext.		
Study A	Area Code of Reporting Carrier:	330936	Filing Due Date for this form:	07/01/2016	
	Persons willfully making false statemen		r fine or forfeiture under the Communication 18 of the United States Code, 18 U.S.C. § 1	ons Act of 1934, 47 U.S.C. §§ 502, 503(b), c	or fine or imprisonment under Title

Attachments

							July 2013	
Study Area Code				330936				
Study Area Name	a ı			INDIANHEAD	TEL CO			
Program Year				2017				
Name - I	Contact Name - Person USAC should contact regarding this data	contact regardi	ng this data	Pamela Hintz	ıtz			
Telepho,	Contact Telephone Number - Number of person identified in data line <030>	r of person ider	itified in data line	<030> 6516218535 ext.	5 ext.			
Email Ac	Contact Email Address - Email Address of person identified in data line <030>	s of person ide	ntified in data line	<030> phintz@otcpas.com	gpas.com			
ial Local ate-wide	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	ctive Date ervice Charge	1/1	1/2016				
<a1></a1>	<a2></a2>	<a3></a3>	<	<	<	 	<	\$
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
Al	11		FR	20.46	0.0	0.45		20.91

l I								
	Study Area Code			330936				
	Study Area Name			INDIANHEAD TEL	OD 1			
<020> Progre	Program Year	\$ 100 to	7	2017				
	Contact Name - Felson Osac should contact regarding this data Contact Telephone Number - Number of nerson identified in data line <030>	uld collidati legalding	ied in data line <030>					
	Contact Email Address - Email Address of person identified in data line <030>	dress of person identi	fied in data line <030		com			
<711>	<a><a><a><a><a><a><a><a><a><a><a><a><a><	 b1>	<	<c> <d1></d1></c>	<q2></q2>	· · · · · · · · · · · · · · · · · · ·		<44>>
State	te Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Broadband Service Usag Download Speed - Upload Speed (Mbps) (GB)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
WI	All	39.95	0.0	39.95	4.0	1.0	0.666666	Other, No limit on usage allowance
WI	A11	49.95	0.0	49.95	8.0	1.0	0.666666	Other, No limit on usage allowance
WI	A11	59.95	0.0	59.95	15.0	1.0	0.666666	Other, No limit on usage allowance
WI	A11	9.95	0.0	9.95	4.0	1.0	0.686666	Other, No limit on usage allowance
WI	A11	69.95	0.0	69.95	25.0	0.9	0.666666	Other, No limit on usage allowance

Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-08T9
		July 2013
<010> Study Area Code	330936	
Study Area Name	INDIANHEAD TEL CO	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Pamela Hintz	
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218535 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	phintz@otcpas.com	
<810> Reporting Carrier Indianhead Telephone Company		
<811> Holding Company Rural Communications Holding Corporation		
<813> <a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Blue Earth Valley Telephone Company	361358	BEVCOMM
Eckles Telephone Company	361386	BEVCOMM
Easton Telephone Company	361384	BEVCOMM
Cannon Valley Telecom, Inc.	361440	BEVCOMM
BEVCOMM, Inc.		BEVCOMM
Indianhead Telephone Company	330936	BEVCOMM
Pine Island Telephone Company	361454	BEVCOMM
Hager Telecom Incorporated	330889	BEVCOMM
Granada Telephone Company	361399	BEVCOMM
	8	

INDIANHEAD TELEPHONE COMPANY (SAC 330936) FCC FORM 481 PROGRESS REPORT ON SERVICE QUALITY IMPROVEMENT PLAN

LINE 112 – FIVE YEAR PLAN OR PROGRESS REPORT



¹ Pursuant to Section 54.313(a) of the Commission's Rules "States that desire eligible telecommunications carriers to receive support pursuant to the high-cost program must file an annual certification with the Administrator and the Commission stating that all federal high-cost support provided to such carriers within that State was used in the preceding calendar year and will be used in the coming calendar year only for the provision, maintenance, and upgrading of facilities and services for which the support is intended."

LINE 113 – MAPS DETAILING PROGRESS TOWARDS MEETING PLAN TARGETS

LINE 114 thru 117 UNIVERSAL SERVICE

^{2 47} U.S.C. § 254(e)

^{3 47} C.F.R. § 54.314(b)

⁴ See USF/ICC Transformation Order at Para. 612.

⁵ *Id*.





INDIANHEAD TELEPHONE COMPANY (SAC 330936) FCC FORM 481 PROGRESS REPORT ON SERVICE QUALITY IMPROVEMENT PLAN LINE 112 – FIVE YEAR PLAN OR PROGRESS REPORT

ATTACHMENT A – LINE 113 NETWORK IMPROVEMENT MAP



Page 1 of 1

SAC: 330936 State: Wisconsin Indianhead Tel Co

165.065 Emergency operation.

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Indianhead Tel Co are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Wisconsin PSC orders and rules including:

WI Chapter PSC 165 STANDARDS FOR TELECOMMUNICATIONS SERVICE

165.010	General.	165.066	Protection of utility facilities.
165.020	Definitions.	165.067	Interference with public service
165.031	Retention of records.		structures.
165.032	Schedules to be filed with the	165.070	Provision for testing.
	commission.	165.071	Meter and recording equipment test
165.033	Exchange area boundaries.		facilities.
165.034	Utility accidents and interruptions.	165.072	Accuracy requirements.
165.040	Meter reading records.	165.073	Initial test.
165.041	Meter reading interval.	165.074	As-found tests.
165.042	Billing recording equipment.	165.075	Routine tests.
165.043	Information available to customers.	165.076	Request tests.
165.050	Customer billing.	165.077	Referee tests.
165.051	Deposits.	165.078	Test records.
165.052	Disconnection and refusal of service.	165.082	Traffic and operator rules.
165.0525	Deferred payment agreement.	165.083	Answering time objectives.
165.053	Customer complaints.	165.084	Dial service objectives.
165.0535	Dispute procedures.	165.085	Interoffice trunks.
165.054	Held applications.	165.086	Transmission requirements.
165.055	Directories.	165.087	Minimum transmission objectives.
165.060	Construction.	165.088	Public telephone service.
165.061	Maintenance of plant and equipment.	165.089	Interruptions of service.
165.062	Line fills.	165.090	Protective measures.
165.063	Central office equipment.	165.091	Safety program.
165.064	Interconnection service standards.		

Page 1 of 1

SAC: 330936 State: Wisconsin Indianhead Tel Co

Form 481 Line No: 610 Description of Functionality in Emergency Situations

Indianhead Tel Co pursuant to Wisconsin Public Service Commission rule "165.065 Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
 - Back up battery service in each central office.
 - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

SAC: 330936 State: WI

Indianhead Tel Co

Form 481, Line No. 920, Tribal Government Engagement Obligation

Indianhead Tel Co serves the Lac Courte Oreilles Band of Lake Superior Chippewa with phone and internet services. A letter was sent in December 2015 requesting a conversation to discuss any and all options to better serve the tribal areas. Copies of the 2015 compliance filing associated with Federal dockets related to serving tribal areas was also sent to the Lac Courte Oreilles Band of Lake Superior Chippewa. Additional follow up is planned for 2016.



123 West 7th Street • Blue Earth, MN 56013 507-526-5156 • 1-877-864-5156 • Fax: 507-526-4963 www.bevcomm.net

December 9, 2015

Lac Courte Oreilles Band Mr. Michael Ishan, Jr. 13394 West Trepania Road Hayward, WI 54843

Re: FCC Order 11-161, DA 12-1165 Tribal Land Engagement.

Dear Sir:

In July 2014, you were sent a letter from Tom Campbell from the accounting firm of Olsen Thielen and a copy of Indianhead Telephone Company's Form 481 High Cost and Low-Income Annual Report that was filed with the Federal Communications Commission (FCC).

As part of the USF/FCC Transformation order, the FCC adopted a Tribal government engagement requirement for all eligible telecommunications carriers that are currently serving or are seeking to serve tribal lands. For ease of reference I have enclosed a copy of the Public Notice that was released by the FCC Office of Native Affairs and Policy.

Indianhead Telephone Company d/b/a BEVCOMM serves a portion of the Lac Courte Oreilles Band Tribal area with telephone and internet service. I am writing you today to initiate conversation with your Tribal government and leaders to discuss any and all options to better serve your lands with high speed technology. Specifically, I would like to discuss your communications goals, needs and priorities. Once that is clear we can discuss the feasibility and sustainability of BEVCOMM deploying these services to your area.

Please contact me at your convenience:

James L. Beattie BEVCOMM 123 W. Seventh Street Blue Earth, MN 56013 (507) 526-1145 jbeattie@bevcomm.com

Sincerely,

lames L. Beattie

James J. Best H.

Director of Government Relations & General Counsel

JLB: mo

Enclosure

SAC: 330936 State: WI

Indianhead Tel Co

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On April 5, 2016 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services as part of FCC Public Notice DA 16-362. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey results, the reasonable comparability benchmark for voice services is \$41.07.3

As required Indianhead Tel Co hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$41.07.

³ Id. at 17694, para. 84."

SAC: 330936 State: WI

Indianhead Tel Co

Form 481 Line No. 1030 Descriptive document for Broadband Service Rate Comparability

Line 1030 – Description of Broadband Service Rate Comparability: Provide a detailed description of how your pricing of a Broadband service meeting the Commission's Public Interest Obligations is no more than the applicable benchmark, as published annually by the Wireline Competition Bureau, pursuant to 47 C.F.R. § 54.313(a)(12).

On April 5, 2016 the Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Service as part of FCC Public Notice DA 16-362. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey results, the reasonable comparability benchmark calculations for broadband services can be calculated at http://www.fcc.gov/encyclopedia/urban=rate-survey-data."

As required Indianhead Tel Co hereby certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

• Indianhead Tel Co offers Lifeline Service credit according to basic service requirements listed in Wisconsin Administrative Code 160.03 and 160.04:

PSC 160.03 Essential telecommunications services.

- 1) Each local exchange service provider shall make available to all its customers at affordable prices all essential telecommunications services.
- 2) "Essential telecommunications services" means all the following:
 - (a) Single-party voice-grade service with:
 - 1. Line quality capable of facsimile transmission.
 - 2. Line quality capable of data transmission as specified in s.PSC 160.031.
 - 3. Dual-tone multi-frequency touch tone and rotary pulse dialing operability.
 - **4.** Access to emergency services numbers and 9-1-1 operability where requested by local authorities.
 - **5.** Equal access to interlata interexchange carriers subject to federal communications commission orders and rules.
 - **6.** Equal access to intralata interexchange carriers pursuant to schedules, terms and conditions imposed by commission orders and rules.
 - **7.** Single party revertive calling, if 2 or more pieces of customer premises equipment can be simultaneously active on the line or channel being used by the customer.
 - **8.** A reasonably adequate number of calls within a reasonably adequate local calling area as defined by the commission.
 - **9.** Connectivity with all public toll, local, wireline and wireless networks, and with various internet service providers.
 - **10.** Telecommunications relay service to facilitate communication between teletypewriter users and non-teletypewriter users.
 - 11. Access to operator service.
 - **12.** Access to directory assistance.
 - **13.** Toll blocking, 900 and 976 number blocking and extended community calling blocking options as specified in s.PSC 160.04.
 - **14.** Intercept and announcements for vacant, changed, suspended and disconnected numbers in oral and TTY-readable formats.
 - **15.** A directory listing with the option for non-listed and non-published service.
 - (b) Annual distribution of a local telephone directory in accordance with s.PSC 165,955.
 - (c) Timely repair.

PSC 160.04 Toll blocking.

(1) BLOCKING OBLIGATIONS. Every local exchange service provider in the state shall offer the capability to block all long distance calls and, separately, the capability to block 900 and 976 number calls and the capability to block extended community calling unless a timely waiver has been granted to the local exchange service provider by the commission.

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- (2) CHARGES. Blocking shall be without monthly or nonrecurring charge to low-income customers and at no charge other than for second and subsequent service activation orders for other residential and standard business line customers.
- **(3)** EMERGENCY SERVICE. Blocking shall not prevent the customer from reaching the emergency service numbers appropriate for the customer's location.
- Indianhead Tel Co Lifeline service offerings are listed in their Local Service Tariff Section 1, Sheets 1, 3.1, 12 15 (attached).
- The Local Service Tariff is on file with the Wisconsin Public Service Commission.
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

Indianhead Tel Co does adhere to all Federal Lifeline eligibility rules and regulations as well as Wisconsin Administrative Code "Chapter PSC 160" which states:

PSC 160.02 Definitions.

- **8)** "Low-income" means a household that receives benefits from one or more of the following programs:
 - (a) Wisconsin Works
 - (b) Medical Assistance
 - (c) Supplemental security income
 - (d) Food stamps
 - (e) The low income household energy assistance program
 - (f) The Wisconsin homestead tax credit
 - (g) Badger care
 - **(h)** As approved by the commission, other state or federally administered programs for households with income levels equal to or less than 200% of the poverty line.

PSC 160.06 Eligibility for low-income programs.

- (1) LOW-INCOME ASSISTANE ELIGIBILITY. Local exchange service providers shall verify an applicant's eligibility for low-income assistance programs by making timely queries of the applicable databases of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies. Applicant eligibility shall be verified by finding the applicant to be any of the following:
 - (a) An active client of at least one of the programs listed in s.PSC 160.02(8).
 - **(b)** A member of the active client's household whose low income qualifies the client for benefits under at least one of the programs listed in s. <u>PSC 160.02(8)</u>.
 - (c) A recipient of the Wisconsin homestead tax credit for the most recently completed tax year. If the applicant's tax filing for the most recently completed tax year has not been posted to the records of the Wisconsin department of revenue and if application for low-income assistance is made on or before June 30th, then the tax year prior to the most recently completed tax year may be used to determine eligibility.

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

(2) ELIGIBILITY RECONFIRMATION. Eligibility shall be reconfirmed on at least an annual basis for all customers receiving lifeline assistance.

- (3) ELIGIBILITY INQUIRY. Local exchange service providers shall inquire of the customer regarding eligibility of that customer for low-income programs on each order for initial or moved residential service and, orally or in writing, in the first contact with a customer during a year concerning disconnection or payment arrangements.
- (4) QUERY AUTHORIZATION. Local exchange service providers shall comply with client authorization requirements of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies for database queries necessary for eligibility verification. Customers shall complete and remit any reasonably required query authorization forms or forfeit eligibility.
- (5) EXCEPTIONS. Lifeline and Link-Up programs are not available to customers who are dependents for federal income tax purposes as defined in <u>26 USC 152</u> (1986), unless the customer is more than 60 years of age.

PSC 160.062 Lifeline program.

(1) All local exchange service providers shall offer a lifeline monthly rate to all qualified low-income customers.

(2)

- (a) The lifeline monthly rate includes single-party residential service, touch-tone service, any 9-1-1 charges billed on the telephone bill, the federal subscriber line charge and 120 local calls, excluding extended community calling calls.
- (b) The lifeline monthly rate shall be the total of the residential monthly rates for the items in par. (a) minus \$7 or, if the total of the monthly residential rates for the items in par. (a) is greater than \$22, the lifeline monthly rate shall be \$15.
- (c) Notwithstanding par. (b), in no case shall the lifeline monthly rate be less than \$3 or more than \$15.
- (3) The lifeline monthly rate may appear as a credit against the full standard tariffed rate on a customer's bill or as a special rate designation. Whenever possible, the lifeline rate shall begin to appear on an eligible customer's bill on the next bill date following the date of application for lifeline assistance. If the rate does not begin to appear on the next bill date, when it does appear back credit will be given. In cases where a customer's eligibility date as found in the records of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies precedes the last bill date prior to application, credit shall also be given for one month's prior bill.

(4)

- (a) Eligibility for lifeline assistance continues until the next bill date following a failure to meet eligibility requirements.
- (b) When the low income household energy assistance program is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance shall continue until the bill date in the next December following the close of the heating season. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

(c) When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

- (5) Local exchange service providers may receive reimbursement from the universal service fund for 100% of that portion of the standard authorized rate for service which is in excess of the amount of the lifeline monthly rate which is eligible for reimbursement from federal lifeline program funds.
- (6) Customers eligible for lifeline or link-up America assistance may not be charged a deposit for service if they voluntarily accept toll blocking, may not be requested to pay in advance for more than one month's local service bill, and may not be disconnected from local service for nonpayment of toll charges billed by the local exchange service provider. Customers that otherwise would be subject to disconnection may be counseled to accept toll blocking.
- (7) A local exchange service provider acting under the limited conditions specified in its commission approved telecommunications customer assistance program under s. <u>PSC 160.08</u> may impose toll blocking or restriction on lifeline customers.

PSC 160.063 Outreach for low-income assistance programs.

- (1) Funding shall be available to fund collaborative partnerships between community-based organizations and telecommunications providers to increase participation of the eligible populations in the universal service fund low-income support programs.
- (2) Funding from the universal service fund for these collaborative efforts shall not exceed \$250,000 in one year.
- (3) The commission shall annually review and grant funding based on complete responses to a request for proposals. Funding shall be limited to not more than 6 projects with at least one project focused statewide and one project focused on the Milwaukee area, if feasible.
- (4) The commission shall contract for an evaluation of the effectiveness of this program in promoting enrollment in low-income programs and subscribership to telephone service to be completed within 2 years of May 1, 2000. The cost of this evaluation shall not exceed \$25,000. This \$25,000 shall be included as part of the \$250,000 maximum total funding available under this section during the year in which the evaluation occurs.

PSC 160.08 Telecommunications customer assistance program.

The commission may authorize individual telecommunications providers to establish telecommunications customer assistance programs that meet authorized goals and objectives for increasing or stabilizing subscription levels for non-optional, essential telephone service within its service territory or to address avoidance of disconnection or limitation of service to low-income households with payment problems. Such programs may allow a provider to not make available certain essential services, as defined in s. <u>PSC 160.03(2)</u>, in order to preserve at least minimal telephone service to certain low-income households with payment problems. The commission shall determine on a case-by-case basis whether or not a telecommunications customer assistance program may receive universal service fund monies.

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN TELEPHONE RATE FILE

INDIANHEAD TELEPHONE COMPANY

Name of Utility

Exchange	All
Section No.	1
Sheet No.	1
Amendment No.	608

EXCHANGE RATES

Local Rates

	Authorized <u>Rate</u>	TEACH <u>Assessment</u>	Continuing Credit*
Business/Key Systems Access Line	\$22.50	\$0.52	\$0.00
Residential Access Line	\$20.46 (I)	\$0.52	\$0.00
PBX Trunks	\$24.40	\$0.52	\$0.00

(*) Credits authorized for USC support

NOTE: Local service rates for all Indianhead exchanges moved to this sheet.

lssued	_ Applicable to bills rendered on and afte	er June 1, 2014
PSCW Authorization by order No		
Letter		

PUBLIC SERVICE COMMISSION OF WISCONSIN TELEPHONE RATE FILE	
8	
INDIANHEAD TELEPHONE COMPANY Section No. 1 Name of Utility Sheet No. 3.1 Amendment No.	
EXCHANGE RATES	
EXTENDED AREA SERVICE (EAS)	
A. DESCRIPTION	
1. Exchange Service, consisting of Network Access Lines and flat rate service, is provided within a defined Local Service Area. The Local Service Area for a Network Access Line(s) is the Exchange Area.	(T)
2. Extended Area Service (EAS) defines the Local Service Area within which Telecommunications Service Customers in two different Exchange Areas may call each other at the charges and/or rates for a local call.	(T)
The Extended Area Service (EAS) arrangements for the Company's Exchanges are:	(T)
From To	
Exeland Radison	
Radison Exeland/	
-	
Issued Applicable to bills rendered on and after 10-1-99 PSCW Authorization by order No O 1000	

		REDACTED - FOR PUBLIC I	NSPECTION	
Form 10	Rate			
		PUBLIC SERVICE COMMISSION OF W TELEPHONE RATE FILE	ISCONSIN	
			Exchange	ALL
	IND	IANHEAD TELEPHONE COMPANY	Section No.	1
		Name of Utility	Sheet No.	12
			Amendment No.	
		LIFELINE SERVICE		
		• .•		
A.	Des	cription		
	1.	Lifeline Service is a residence service offering	_	1
		monthly rate to customers who qualify for low defined in s. PSC 160.02(8), Wis Adm. Code.		allis as
	2.	Lifeline Service provides a monthly discount	to eligible residence custo	omers (0
	2.	that have a network access line (including Ext	ended Area Service), tou	ch-tone
		service, 911 Service (billed on the customer's	_	
		User Common Line Charge (EUCL). If the cu 120 local calls are provided. Extended Comm		
		not included in Lifeline Service.	,	((
	3.	Lifeline Service monthly rates for residence co		
		according to s. PSC 160.062(1), (2) and (3), W	vis Adm. Code.	
B.	Reg	ulations		
	1.	Lifeline Service is only available for residence network access line.	e customers with a single	line
	2.	Lifeline Service is not available to customers	•	
		income tax purposes as defined in 26 USC 152 more than 60 years old.	2 (1980), uriless the custo	omer is
	3.	Lifeline Service customers must complete and	I remit any required query	y
		authorization forms requested by the Company Lifeline Service.	y or forfeit eligibility for	
	4.	Eligibility for Lifeline Service must be verifie		_
		the Social Security Number and name of the li		
		of the Department of Workforce Development of	of the wisconsin Depar	iment (C
		Revenue.		

Issued	Applicable to bills rendered on and after	1-01-98	
PSCW Authorization by order No.			
Letter	JAN -6 1998		

Form 10 Rate

			PUBLIC SERVICE COMMISSION OF TELEPHONE RATE FIL		
	DID	I A NILIE A	D TELEPHONE COMPANY	Exchange	ALL
	ועאוו		The Survey Control Court	Section No	13
			Name of Utility	Amendment No.	13
В.	Regi	ulations	(Cont'd)	Œ	
	5.	Reco	onfirmation of Eligibility for Lifeline S	ervice	
		a.	Reconfirmation of eligibility for Lift once each year.	feline Service will be done a	t least
		b.	If a customer cannot reconfirm eligi eligibility will continue until the ne	10	to

- eligibility will continue until the next bill date following failure to meet the eligibility requirements.
- c. When the Low Income Household Energy Assistance Program is one of the customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next December following the close of the heating season. At that time, if eligibility cannot be re-verified by the Company, Lifeline Service will be removed from the customer's bill.
- d. When the Wisconsin Homestead Tax Credit is one of the customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next June following the end of the tax year. At that time, if eligibility cannot be re-verified by the Company, Lifeline Service will be removed from the customer's bill.
- e. Eligibility confirmation through receipt of the Wisconsin Homestead Tax Credit will not become effective until the date set by the Commission upon its acknowledgment that an acceptable data base query process is be in place.

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Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN TELEPHONE RATE FILE

LIFELINE SERVICE

C. Rates and Charges

The applicable monthly rate for Lifeline Service is determined by the sum of the rates for the services specified in 1. following and applying a credit based on the sum of the credits as specified in 2. following.

1. Lifeline Service

Residence Network Access Line (including EAS) at the rate specified elsewhere in this tariff.

Touch Calling Service (if applicable) at the rate specified elsewhere in this tariff.

911 Service (if billed on the Customer's telephone number) at the rate specified elsewhere in this tariff.

End User Common Line (EUCL) Charge.

2. Lifeline Service Credits

End User Common Line Charge (EUCL) as specified in the NECA Tariff.

Federal Lifeline support credit as specified by the Federal Communications Commission (FCC) for Universal Service Support for Low-Income Consumers.

State Lifeline support credit as specified by the Public Service Commission of Wisconsin in Wis. Admin. Code PSC 160.062.

3. Lifeline Service monthly credit

The Lifeline Service monthly credit is \$10.00.

Issued 7-1-03 Applicable to bills rendered on and after 7-1-03

PSCW Authorization by order No.

Letter 1111 1 5 2003

(I)

SAC: 330936 State: WI

Indianhead Tel Co

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Indianhead Tel Co hereby certifies that throughout 2015, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

SAC: 330936 State: WI Indianhead

Form 481 Line No. 3026

ATTACHMENT REDACTED IN ENTIRETY